

Family Care **UPDATE**

Options for Long Term Care

Volume 2, August 2000

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From the May 19, 1999, "There's No Place Like Home Rally" at the Wisconsin State Capitol. Over a year ago, 3000 Wisconsin citizens rallied around the Capitol in support of Family Care legislation and other long term care programs. Photo courtesy of The Capital Times.

Care Management Organizations Underway in Four Family Care Pilot Counties

In addition to the eight Resource Centers that are operating in Wisconsin, four Care Management Organizations (CMOs) – including Milwaukee County – started operations since the last Family Care Update in February.

The four CMO's – Fond du Lac, Portage, La Crosse and Milwaukee – are all in various stages of ramping up to being able to offer the entitlement to Family Care. All of the counties, as part of meeting the CMO certification requirements, submitted an access and enrollment plan to the Department that showed how the county would phase-in the entitlement.

Fond du Lac, Portage and La Crosse were largely able to eliminate their waiting lists with special Family Care service dollars made available to them while they were in the Family Care planning stages. Now they are working on offering Family Care to current Home and Community-Based Waiver participants. Milwaukee is going to convert people from the current program and take people off the waiting list over the next 18 months.

It is important that the CMOs have adequate capacity to serve additional members, e.g., providers and case management staff. Such capacity will be built over time. The Department will monitor the growth of enrollments and the CMO's capacity building efforts to ensure that the entitlement to Family Care is available to consumers no later than the end of 2001.

From the Desk of ...

Chuck Wilhelm, Director, Office of Strategic Finance

Family Care is fully operational in four counties, that are operating Aging and Disability Resource Centers, offering pre-admission consultation and enrolling consumers into Care Management Organizations (CMOs). And, as of July, people who are not eligible for Medicaid but who are eligible for Family Care started to enroll in CMOs too.

Well-planned systems are being tested and improved. The word is definitely out about the Aging and Disability Resource Centers: Resource Centers with prevention grants report three and four times as much interest in the projects as expected. Eligibility and enrollment systems are working... and there are lots of details to follow up. Pre-admission consultation was so successful we temporarily halted referrals from hospitals while we determine criteria for more appropriate referrals. Counties are learning about paying providers... and providers are learning how to submit claims to CMOs. Two grievances have been filed... and resolved to the satisfaction of consumers.

In the next few months the final Family Care Administrative Rules will be promulgated and we are starting to work on the 2001-03 biennial budget.

It's almost becoming routine!



The Interim State Long Term Care Advisory Committee tours the Fond du Lac County Aging and Disability Resource Center in April.

Report on Interim State Long Term Care Committee Activities

In January of this year, Secretary Leraan appointed the Interim State Long Term Care Advisory Committee to advise the Department on the developments of Family Care until such time as the Governor appoints the State Long Term Care Council that was required by the Family Care legislation. Since January 31st, the committee has met monthly. Meeting agendas and minutes are posted at the DHFS Family Care web site.

Highlights from meetings since January include:

- The Committee has held meetings in various counties that operate Family Care pilots. In April the meeting was held in Fond du Lac. The Committee met with consumers and staff from the Fond du Lac County Resource Center and CMO and got a good orientation to how consumers enter and experience the program. In June the Committee met in Portage County and was able to talk with Portage County Resource Center staff and see the program site. In July the group plans to meet in La Crosse County.



Family Care Update

Family Care Update is a publication of the Department of Health and Family Services and is issued by staff in the Office of Strategic Finance for counties, advocates, Family Care pilot sites, and other people interested in long term care redesign and Family Care.

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Visit our web site at www.dhfs.state.wi.us/LTCare for up-to-date information on Wisconsin's long term care redesign project.

- The Committee reviewed the comments from the public hearings on the Family Care rules. They unanimously passed a motion to support the rules as revised by staff.
- The Committee discussed '01-'03 long term care budget issues and recommended to the Department the following:

Request legislative approval to provide funding to make Family Care operational in a full 29 percent of the state's eligible population. The Committee recommended that the Department solicit one or more new counties to serve as pilot sites to replace counties that have or may withdraw in the future. The Committee also recommended that the Department request funding in its '01-'03 budget for the Community Options Program in non-Family Care counties that is sufficient to cover at least the projected demand for COP services due to demographic trends.

- Appointed a subcommittee to address consumer awareness issues--especially in areas where Family Care is not proposed at this time. They are concerned that we need to find ways to keep consumers across the state informed about the progress of Family Care. Beth Christie, Ella Pious, Rita Maher, and Melvin Steinke will be members of the subcommittee.

Continued on page 3

- The Committee recently reviewed the Health Care Financing Administration's (HCFA) concerns relative to conflict of interest between a Resource Center and CMO both reporting to same county board. They reviewed HCFA's proposal to contract out the functional assessment and options counseling to another entity. The Committee felt strongly that the Department should make every effort to keep the Resource Center concept a "one-stop shopping" seamless system for consumers and resist efforts to split up the functions in such a way as to change the essential nature of a Resource Center.

Coming up for the Committee will be their continued review and comment on the evolving next biennial budget proposal for Family Care. In August they will review Resource Center & CMO contracts for their recommendations for any changes.

**For Family Care
Advocacy Services
call toll-free**



800-928-8778

Independent Advocacy Services Available for Family Care Applicants and Enrollees

While Wisconsin's traditional home and community-based long term care programs provide case management, Family Care delivers services through managed care. In designing Family Care, the Department and its many stakeholders recognized that in such a system there are different and more powerful fiscal incentives for Care Management Organizations, which could result in a more adversarial environment for consumers. In response, the Family Care legislation tried to build in many consumer protections, including vigorous consumer involvement at all levels of program design and administration, a robust consumer friendly complaint and grievance system, ongoing consumer involvement in quality assurance monitoring and continuous quality improvement, and the availability of several forms of advocacy services, including access to advocacy services that are independent of the Department, the Family Care Pilots and contracted service providers.

In order to meet this standard of independence, the Legislature directed the Board on Aging and Long Term Care (BOALTC) – an independent state agency created in 1982 to protect the interests of the state's citizens in need of long-term care – to contract for Family Care advocacy services. For questions about this contract, contact Rose M. Casey at (608) 261-7079.

The BOALTC has awarded a contract, which includes the following objectives, to the Wisconsin Coalition for Advocacy (WCA):

- Facilitate access to appropriate use of long term care services in the Family Care Pilot counties through the provision of individual case advocacy services.
- Improve access for potential Family Care enrollees through the provision of information, technical assistance, and training to individuals and Local Long Term Care Councils about how to obtain needed long term care services and support.
- Enhance the capacity of Family Care to foster consumer independence, knowledge and dignity, and to protect consumers through the provision of individual consumer advocacy.
- Increase the capacity of consumers and family members to be self-advocates within the Family Care system.

WCA, which is totally independent from state and county government, will assist consumers with issues related to:

- | | |
|---|------------------------------------|
| ■ Eligibility, enrollment and disenrollment | ■ Choice of services and providers |
| ■ Health, safety and quality | ■ Consumer-directed services |
| ■ Discrimination | ■ Employment issues |
| ■ Assessment and individual service planning | ■ Cultural competency |
| ■ Access to Family Care for institution residents | ■ Complaints and grievances |

Morgan Groves, who has more than 15 years of experience in state administration of home and community-based long term care, has been hired to coordinate this service. Roy Froemming, who has more than 20 years experience in legal advocacy for elders and people with disabilities, is the attorney hired to provide legal back-up services. WCA is in the process of establishing subcontracts so that there is a local independent advocate in each of the pilot counties. In the meantime, requests from consumers and families for advocacy services can be made through the following toll-free number: 800-928-8778.

Just the Facts

Early Findings from the Aging and Disability Resource Center Pilots:

Eight Resource Centers are currently operating in Wisconsin.

Between September 1999 and April 2000, the Resource Centers handled nearly 37,000 contacts.

People calling on their own behalf as well as hospital staff and community agencies are the most frequent callers, followed by friends and relatives.

While the Resource Centers offer a 24-hour phone line; over 90% of contacts are during regular business hours. (Milwaukee County's Elderlink help line provides regular service from 7 am to 7 pm.)

About 76% of contacts are simple information calls, another 4% require information only but are complicated to assist, and 20% involve linking the inquirer to services.

People call most often for information and assistance about benefits, housing and other in-home and long term care services, and food needs. However, consumers have called their Resource Centers about a wide variety of topics from legal issues to Alzheimer's care, from job help to education.

Approximately 12% of contacts result in a referral for a Long Term Care Functional Screen to test for Family Care eligibility.

DHFS Responds to First Complaint

The new Department complaint and grievance system for Family Care received its first tryout in June. The system was able to respond to a complaint and resolve issues in accordance within specified timelines.



The primary focus of the complaint was delay in provider payment by a CMO, but the provider submitting the complaint also alleged that the CMO was not responding in a timely way to consumer needs. The Department's investigator determined that there was indeed delayed payment caused in part by glitches in the CMO's new billing system, and in part by the provider's misunderstanding about how to bill in the new system.

These problems have now been resolved. The investigator determined that the allegations of unresponsiveness to consumer needs were unfounded – the consumers and their families were satisfied and unaware that the provider had made a complaint about services from the CMO.

Status of Family Care Pilots

Pilot County	Resource Center (RC) CY '00 Status	CMO CY '00 Status
Fond du Lac	In operation.	Began enrollment in February. 331 enrollees as of 7-1-00.
Milwaukee	In operation. Received prevention grant.	Began enrollment in July 2000. Converted 495 home and community based waiver clients to Family Care. Serving elderly people only.
Portage	In operation.	Began enrollment in April. 233 enrollees as of 7-1-00.
La Crosse	In operation.	Began enrollment in April. 295 enrollees as of 7-1-00.
Richland	Received approval from County Board to move forward. Will start operations this summer.	Received approval from County Board to move forward. Will start enrollment on Jan. 1, 2001.
Kenosha	In operation.	Received planning grant for pre-implementation activities. Will start enrollment in 2002.
Marathon	In operation. Received prevention grant.	Received planning grant for pre-implementation activities. Will start enrollment in 2002.
Jackson	In operation. Received prevention grant.	Not a CMO pilot (didn't apply).
Trempeleau	In operation. Received prevention grant.	Not a CMO pilot (didn't apply).
Forest, Vilas, Oneida	Implementation of Resource Center will depend on whether county board agrees to move forward with CMO.	Enrollment planned to begin in 2002. Will serve people with developmental disabilities only.
Waukesha	County decided that building information systems takes precedence over participating in the Family Care pilot at this time.	County decided that building information systems takes precedence over participating in the Family Care pilot at this time.

Quality Systems in Family Care

The comprehensive framework for quality oversight of Family Care is designed to look at quality from several perspectives.

For instance, the Department of Health and Family Services (DHFS) will look at the “big picture” as well as the individual one: DHFS will review the Resource Center’s and CMO’s internal quality systems; analyze comparative data across all Resource Centers and CMOs; and obtain feedback from individual CMO members to find out whether consumer-defined outcomes are being met.

In addition, DHFS will look at the Family Care Pilots from the inside and the outside: DHFS requires that the CMO’s look at their own quality data, the State is responsible for oversight, and external reviewers and evaluators are being hired to provide a “third party” review.

The internal QA/I – quality assurance and improvement – systems are especially important because the Department wants the Resource Centers and CMOs to identify and resolve quality problems as close to the consumer as possible; i.e., don’t wait for an audit to identify problems. However, the Department will still look at the data and talk to consumers to find out how things are going.

Check our web site for the latest news



www.dhfs.state.wi.us/ITCare

In the Spotlight

by Maggie McCullough, Director, Creative Care Options of Fond du Lac County

Bonnie is a member of Fond du Lac County’s CMO, Creative Care Options. She is a 67 year old daughter, sister and aunt, who has been disabled by cerebral palsy since birth. Because of her disability, she needs help with all of her activities of daily living. Because of her family, she always received this help in her own home, surrounded by her large and loving family. She has never been institutionalized. Bonnie has a vocabulary of about 20 words, many of which are used to express affection. She recognizes her family members and friends, and misses them when they go away.

Bonnie is currently living with her niece, Peggy. She has been cared for since her birth by her mother, her sister and now her niece. Peggy is a registered nurse. Until Bonnie’s enrollment in Creative Care Options, Fond du Lac county’s Care Management Organization, her services were funded by the CIP-II Medicaid Waiver. Her family’s care was supplemented by home health care agencies. Case notes consistently report that Bonnie was well cared for, healthy, and content. Bonnie was pre-enrolled in the CMO in October of 1999.



In the past, Peggy often expressed to Bonnie’s case manager her frustrations with the home health agencies serving Bonnie. A change in providers helped for a while, but soon the same frustrations came back. There were many different caregivers, some of whom didn’t know Bonnie, and had difficulty understanding her. There was also a problem with caregivers not showing up when scheduled. At times the caregiver left before a family member arrived home, leaving Bonnie unattended.

When Peggy once again asked the case manager for a change in home health agencies, the case manager broached the subject of expanding the care provided by the family to replace the agency’s services. As Peggy is a registered nurse, and her daughter is a certified nursing assistant, it was felt that they could provide adequate skilled support of Bonnie within the extended family. The CMO would fund these services, and the care management team, which consists of Bonnie’s case manager and a CMO nurse could oversee the care.

Peggy was asked to develop a plan of care, utilizing family members. The plan required that backup care givers be identified, in case of illness or absence. The plan was developed, reviewed by the care management team and approved. Hourly rates for the various caregivers were negotiated. In early March, the plan was implemented and now all of Bonnie’s care is provided by family members, who know, love and understand her. Her health continues to be very good, she is content and is receiving around the clock care at a cost comparable to a skilled nursing facility. She truly exemplifies the “Family” aspect of Family Care.

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Our new logo! The Department contracted with Knupp&Watson to develop a logo and positioning line for the Family Care program. Department staff and members of the interim State LTC Advisory Committee reviewed numerous ideas and chose the above logo to represent Family Care.



Tom Frazier, Chair of the Interim State Long Term Care Advisory Committee, presents Lorraine Barniskis with a certificate of recognition for her vision and tireless commitment to the older people and persons with disabilities in Wisconsin.

Lorraine Barniskis Retires!

Lorraine Barniskis, Family Care Policy Coordinator, retired in July after 26 years of state service. Lorraine was one the original members of the state Redesign Team that led the efforts to redesign long term Care in Wisconsin. She has the distinction of redesigning long term care in Wisconsin--not once--but twice! Lorraine worked with the Long Term Care Management Reference Group that staffed the effort to create and implement the Community Options Program in Wisconsin. Lorraine has mentioned that she felt she had to stick around to finish what they started back in the 80s!

Lorraine's contributions to the development of Family Care have been instrumental. Her vision for formulating new ideas and then helping others crystallize those ideas is a tremendous talent. She used those same talents to write the Family Care Proposal and to draft the Family Care Legislation and the Administrative Rules.

Lorraine has served in a number of positions in state government. She served as a Legislative Committee staff person, as budget analyst in the former Division of Policy and Budget, and as the Long Term Care Policy Analyst for the Bureau on Aging and Long Term Care Resources. In her thirteen years with the Bureau on Aging and Long Term Care Resources, Lorraine was involved in the development of Wisconsin's long term care system. Her contributions included helping create the Hospital Link program, providing analysis of federal and state policy, projecting the need for long term care, securing grant funds for the improvement of home and community care and explaining the long term care system in numerous national and international publications. Many inside and outside state government will miss Lorraine's vision, commitment and tireless energy.